



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Veterinary Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfVeterinaryExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers

Temporary Veterinary License Application Instructions

An applicant whose application has been approved by the board may receive a nonrenewable temporary license while waiting for the NAVLE examination results.

All Alaska-licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a client's prescription history each time before prescribing a federally scheduled II or III controlled substance. For more information, please visit PDMP.Alaska.Gov.

The following must be received by the division before your application for Temporary Veterinary License can be reviewed:

1. APPLICATION

A signed, completed application (#08-608, pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.350.

Temporary License Fee: \$125.00

Prescription Drug Monitoring Program (PDMP): \$ 0.00

3. VETERINARY APPLICATION BY EXAMINATION

You must submit the Application for Veterinary License (#08-609) and all items required for licensure by examination.

4. STATEMENT OF SUPERVISION

A completed Statement of Supervision form (#08-608a) signed by a supervising veterinarian.

5. DIPLOMA

A notarized copy of the applicant's veterinary school diploma, official transcripts, or Education Commission for Foreign Veterinary Graduates Certificate.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.Gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

PRESCRIPTION DRUG MONITORING PROGRAM:

All Alaska-licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a client's prescription history each time before prescribing a federally scheduled II or III controlled substance. For more information, please visit PDMP.Alaska.Gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: RegulationsAndPublicComment@Alaska.Gov



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Temporary Veterinary License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Temporary License Fee	\$125.00
PDMP Fees:	<input type="checkbox"/> I have an active DEA registration number valid in any state or practice location.	\$ 0.00
	<input type="checkbox"/> I do not have an active DEA registration number valid in any state or practice location.	\$ 0.00

PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Date of Birth:		Contact Phone:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

PART III NAVLE

<input type="checkbox"/> I have sat for the North American Veterinary License Exam (NAVLE).	
Date of Exam:	

PART IV Employment Information

Name of Sponsoring Veterinarian:				
Business Name:				
Business Address:	Street	City	State	Zip
Business Phone:				

PART V DEA Registration and PDMP Acknowledgment

1. Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?

- ☐ a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will refer to all applicable authorizing statutes, regulations cited above, and comply with mandatory use. (Skip to Part VI)
- ☐ b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days of receiving this permit or license, as required by the board, and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 98.050.
- ☐ I acknowledge I must review a client's prescription history prior to prescribing a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
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2. If you have a DEA registration number, do you plan to directly dispense a federally scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(t)? Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, in-patient pharmacies, and emergency departments.

Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.

- ☐ a. **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ b. **NO**, I do not plan to directly dispense and acknowledge that if, at any time after my permit or license is issued, I begin directly dispensing any federally-scheduled II – IV controlled substance for more than 3 days unless exempt by AS 17.30.200(t), I must submit a data request through PMP ClearingHouse or report directly to AWARxE for any controlled substance issued. If you are not directly dispensing, the reporting criteria do not apply to you. For more information, please visit PDMP.Alaska.Gov



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Signature Page

Applicant Name:

PART VI Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:

Date Signed:



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Statement of Supervision

To be used ONLY for temporary license by examination while waiting for NAVLE results, in accordance with AS 08.98.180.

Applicant Name:			
Name of Sponsoring Veterinarian:			
Facility Name:			
Facility Physical Address:	Street	City	State Zip
Facility Mailing Address:	P.O. Box or Street	City	State Zip
<p><i>This supervision will be held in compliance with the statutes and regulations set forth by the Board of Veterinary Examiners.</i></p> <p><i>I understand that the above-named applicant must work under my direct supervision and within my physical presence. I also understand that the temporary license is nonrenewable and is only valid until the applicant's results of the NAVLE examination are reported with a passing score of at least 90 percent.</i></p> <p><i>I certify that the above information is true and correct.</i></p>			
<div>Notary Stamp</div>	Sponsoring Vet. Printed Name:		
	Sponsoring Vet. Signature:		
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.